IPDR6702				NORTH CAROLINA		PAGE	: 1	
	: 11/17/2003		IP	RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 11/17/2003				
	1			FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		0	0	*** NO DATA TO REPORT ***				
3404901	SMOKY MOUNTAINM	U	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0	0	0
3404902	DIVID DIDOR COM	8599	3830	DETAIL NOT COVERED BY COMBINAT				
	BLUE RIDGE COMM UNITY			ION OF RECIPIENT, PROVIDER AND				
	ONTT			BENEFIT PACKAGE.				
		8932	158	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	310	4490	11269	6779
				RVICES IN IFRS.				
			+					
		191	138	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404905	TREND COMM MENT	11	541	CLIENT NOT ELIGIBLE ON SERVICE				
	AL HLTH CTR			DATE				
	III IIIII OIK							
		0	0		0	541	803	262
3404907	RUTHERFORD-POLK	8599	1746	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	427	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	427	RVICES IN IPRS.	776	2942	6723	3781
		8935	229	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910	PATHWAYS	191	8	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
		21	2	DUPLICATE OF CLAIM-SYSTEM				
		21	3	DUPLICATE OF CLAIM-SISTEM	1	18	574	556
_		8517	3	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				TAMOOGN ALKIE DOO MOOT BE SODM				
3404912	CATAWBA COUNTYM	21	19	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8632	2	SIX OCCURRENCES OF AMAO SERVIC	1	22	317	295
				ES HAVE PROCESSED AND PAID, PA	1	22	317	295
				IS REQUIRED FOR ADDITIONAL SER				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				MVICEO IN IFRO.				
3404913	MECKLENBURG COM	8599	1547	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	1110	CLIENT ID NUMBER MISSING OR IN				
		120	1110	VALID. ENTER CID AND SUBMIT	719	4088	10081	5993
	+		_	AS A NEW CLAIM				

	8935	609	ASTNC INELIGIBLE TO RECEIVE SE		
			RVICES IN IPRS.		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	PERCENTAGE	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404016		0500	222					
3404916	CROSSROADS BEHA	8599	377	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	54	DUPLICATE OF CLAIM-SYSTEM	24	611	8275	7664
1								
		191	40	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404917	CENTERPOINT HUM	8599	1510	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	235	ASTNC INELIGIBLE TO RECEIVE SE	303	2170	9336	7166
				RVICES IN IPRS.	303	2170	9330	7100
								-
		120	162	CLIENT ID NUMBER MISSING OR IN				
		120	102	VALID. ENTER CID AND SUBMIT				-
					1			
				AS A NEW CLAIM				
							TOTAL	TOTAL
3404918	ROCKINGHAM CO M	11	72	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	64	DETAIL NOT COVERED BY COMBINAT	11	204	1673	1469
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	24	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404919		8599	514	DETAIL NOT COVERED BY COMBINAT				
3404919	GUILFORD CO MEN	6399	314	ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC							
				BENEFIT PACKAGE.				
		191	136	CLIENT ID NUMBER DOES NOT MATC	292	1251	12728	11477
				H PATIENT NAME				
1								
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
					1			
3404920	ALAMANCE CASWEL	8599	1413	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	1			!
		537	444	PROCEDURE IS NOT COVERED FOR T	334	2373	10940	8567
		-	1	HIS DATE OF SERVICE	334	2373	10940	8567
					1			-
					1			
		8933	196	ADTNC INELIGIBLE TO RECEIVE SE				-
	1	0,33	100	RVICES IN IPRS.	1			
				AVICES IN IPRS.				
2404555		5210	1075					
3404921	ORANGE PERSON C	5312	1079	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED	1			
	1							L
		8599	85	DETAIL NOT COVERED BY COMBINAT	29	1447	3391	1944
		8333			1		1	l
		6355		ION OF RECIPIENT, PROVIDER AND				
		0399		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0333						
		11	78					
			78	BENEFIT PACKAGE.				
			78	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
			78	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				

DDOI:155-		HTOH PRINTS	AUTOCO CO				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	MILE DIDUM OFFIE	21	6858	DUPLICATE OF CLAIM-SYSTEM				
	THE DURHAM CENT ER							
		143	1449	CLIENT ID NUMBER NOT ON STATE	0	9360	14587	522
				ELIGIBILITY FILE				
		8599	652	DETAIL NOT COVERED BY COMBINAT				
		0000	002	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	21	170	DUPLICATE OF CLAIM-SYSTEM				
	RITY							
		8599	83	DETAIL NOT COVERED BY COMBINAT	8	316	2601	2284
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	17	CLAIM DENIED DUE TO INSUFFICIE			 	
		1		NT BUDGET		1	<u> </u>	
		_						
		+						
3404924	PIEDMONT AREA M	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0	0	(
2404005		0505	005	OLANA PRIVATE DIE GO VIGUENZON				
3404925	SANDHILLS CENTE	8505	895	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			NI BODGEI			<u> </u>	
				+			 	
		8599	333	DETAIL NOT COVERED BY COMBINAT	138	1451	5118	366
				ION OF RECIPIENT, PROVIDER AND	130	1431	3110	300
				BENEFIT PACKAGE.				
		8935	105	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404926	SOUTHEASTERN RE	11	201	CLIENT NOT ELIGIBLE ON SERVICE DATE			<u> </u>	
	G MENTAL HL			DATE				
		8599	162	DETAIL NOT COVERED BY COMBINAT	80	746	4329	25.00
				ION OF RECIPIENT, PROVIDER AND	80	740	4329	3562
				BENEFIT PACKAGE.				
		5404	76	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
2404007		05.05	400	OLATA DENTED DIE EO TANDESCO				
3404927	CUMBERLAND CO M	8505	489	CLAIM DENIED DUE TO INSUFFICIE				
	HC		+	NT BUDGET				
		+					 	
		11	9	CLIENT NOT ELIGIBLE ON SERVICE		508	540	32
		+		DATE	0	508	540	32
		_						
		8622	5	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
			2.42					
	1	21	143	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/							
3404929	LEE HARNETT MH/ DD/SAS							1
3404929								
3404929		8599	32	DETAIL NOT COVERED BY COMBINAT		2 -		
3404929		8599	32	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND	6	246	946	700
3404929		8599	32	ION OF RECIPIENT, PROVIDER AND	6	246	946	700
3404929		8599	32		6	246	946	700

		DATE		

PROVIDER							TOTAL	TOTAL
ATT OF THE		HIGH DENIAL	NUMBER OF	PROGRAMMAN.	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404020		0001	1.00	NAMES OF THE PARTY				
3404930	JOHNSTON COUNTY	8931	160	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTHC			RVICES IN IFRS.				
		8599	57	DETAIL NOT COVERED BY COMBINAT				
		0000		ION OF RECIPIENT, PROVIDER AND	219	310	4425	4109
				BENEFIT PACKAGE.				
		8935	42	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	377	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	187	DUPLICATE OF CLAIM-SYSTEM	167	1317	10444	9127
		8517	159	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404932	RANDOLPH/SANDHI	21	156	DUPLICATE OF CLAIM-SYSTEM		-		
	LLS CO MH C							
		8599	94	DETAIL NOT COVERED BY COMBINAT	152	516	4817	4301
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	70	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404933	SOUTHEASTERN CT	8505	339	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8931	77	AMTNC INELIGIBLE TO RECEIVE SE	99	659	3028	2369
				RVICES IN IPRS.				
		8599	62	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404024		0500	1.0	DEMATE NOW COURDED BY CONDINAM				
3404934	ONSLOW COUNTY B	8599	19	DETAIL NOT COVERED BY COMBINAT				
3404934	ONSLOW COUNTY B EHAVIORAL H	8599	19	ION OF RECIPIENT, PROVIDER AND				
3404934		8599	19					
3404934				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934		8599 5404	19	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR	14	78	423	345
3404934				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	78	423	345
3404934				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR	14	78	423	345
3404934		5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	14	78	423	345
3404934				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND	14	78	423	345
3404934		5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	14	78	423	345
3404934		5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND	14	78	423	345
	EHAVIORAL H	5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	14	78	423	345
3404935	EHAVIORAL H WAYNE CO MENTAL	5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	14	78	423	345
	EHAVIORAL H	5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	14	78	423	345
	EHAVIORAL H WAYNE CO MENTAL	5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	14	78	423	345
	EHAVIORAL H WAYNE CO MENTAL	5404 5404 8518	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
	EHAVIORAL H WAYNE CO MENTAL	5404	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	14	78		
	EHAVIORAL H WAYNE CO MENTAL	5404 5404 8518	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR	5404 8518 0	11 10 0 0 0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT ***				
	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	5404 5404 8518	11	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT				
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR	5404 8518 0	11 10 0 0 0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	5404 8518 0	11 10 0 0 0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT				
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	5404 8518 0 0	11 10 0 0 75	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	C
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	5404 8518 0	11 10 0 0 0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				C
3404935	EHAVIORAL H WAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	5404 8518 0 0	11 10 0 0 75	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	C

	8932	10	CMTNC INELIGIBLE TO RECEIVE SE		
			RVICES IN IPRS.		

DDOUTER		HTOH PRINTS	AWINDERS :-		1		TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8599	215	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	THE CHILDRE			BENEFIT PACKAGE.				
		8935	164	ASTNC INELIGIBLE TO RECEIVE SE	235	771	3147	2376
				RVICES IN IPRS.				
		167	93	NO CHARGE BILLED. ENTER BILLED				
		101		AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404942	ROANOKE CHOWANH	8599	124	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		7007	30	EXCEEDS MAXIMUM UNITS ALLOWED	14	220	1256	1036
				PER MONTH(S)				
		21	19	DUPLICATE OF CLAIM-SYSTEM				
					1			
3404943	ALBEMARLE MENTA	21	68	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		8599	34	DETAIL NOT COVERED BY COMBINAT	25	165	792	627
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	23	CLIENT ID NUMBER DOES NOT MATC				
		191	23	H PATIENT NAME				
3404944	EASTPOINTE HUMA	21	556	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	73	DETAIL NOT COVERED BY COMBINAT	88	818	1795	975
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021		AVENUA TURN TATALA DA PROPENSA DE				
		8931	46	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	11	1231	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT		1	DATE				
		0	6	ZERO EOB APPLIED	0	1238	2891	1653
		E 4 0 4				I .	1	
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
		5404	1	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD				
		5404	1					
3404957	TIDELAND MENTAL	5404 8505	171					
3404957	TIDELAND MENTAL HEALTH CTR		171	OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL HEALTH CTR		171	OV/PCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE				
3404957			171	OV/PCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE				
3404957			171	OV/PCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE	0	219	282	63
3404957		8505		OV/PCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	219	282	63
3404957		8505		OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	0	219	282	63
3404957		8505	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	219	282	63
3404957		8505		OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	0	219	282	63
3404957		8505	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	219	282	63
3404957		8505	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	0	219	282	63
	HEALTH CTR	8800	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	219	282	63
3404957	HEALTH CTR	8505	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	0	219	282	63
	HEALTH CTR	8800	32	OV/FCODE/TOS/DOS/MOD CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	219	282	63

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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	8000	11	NO RATE AVAILABLE ON FILE TO P				
	H/DD/SA PRO			RICE THIS CLAIM DETAIL				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE		10 3:	9:	36 903
				RVICES IN IPRS.				
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				